

Re/A

08/24/99



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PTO/SB/50 (4/98)
Approved for use through 09/30/2000. OMB 0651-0033
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	65,016-046
	First Named Inventor	Peter A. Hochstein
	Original Patent Number	5,661,645
	Original Patent Issue Date (Month/Day/Year)	August 26, 1997
	Express Mail Label No.	EL270041016US

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
(check applicable box)

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10. <input type="checkbox"/> * Small Entity Statement filed in prior application, Status still proper and desired (PTO/SB/09-12) <input checked="" type="checkbox"/>
5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	11. <input type="checkbox"/> Preliminary Amendment
6. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	13. <input type="checkbox"/> Other: _____

*** NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27). EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

14. CORRESPONDENCE ADDRESS

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Signature	<i>Harold W. Milton</i>	Date	8/24/99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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REISSUE APPLICATION BY THE INVENTOR,
OFFER TO SURRENDER PATENT

Docket Number (Optional)

65,016-046

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s)

Peter A. Hochstein

Patent Number

5,661,645

Date Patent Issued

August 26, 1997

Title of Invention

POWER SUPPLY FOR LIGHT EMITTING DIODE ARRAY

I am the inventor of the original patent.

I offer to surrender the original patent.

1. ☐ Filed herein is a certificate under 37 CFR 3.73(b).
2. ☒ Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.

One of boxes 1 or 2 above must be checked.

The written consent of all assignees owning an undivided interest in the original patent is included in this application for reissue.

Signature

Peter A. Hochstein

Date

August 24, 1999

Typed or printed name

Peter A. Hochstein

The assignee owning an undivided interest in said original patent is _____ and the assignee consents to the accompanying application for reissue.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.


Name of assignee

Signature of person signing for assignee

Date

Typed or printed name and title of person signing for assignee

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)		
						65,016-046		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 23	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 45	**** 22 =	x \$ 9. =	198.	or	x \$ ____ =	
(C) 4		(D) 18	* 14 =	x \$ 39. =	546.		x \$ ____ =	
Basic Fee (37 CFR 1.16(h))					\$ 380		\$ ____	
Total Filing Fee					\$1124	OR	\$ ____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ ____ =		or	x \$ ____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =			x \$ ____ =
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p>								
<p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>08-2789</u>. A duplicate copy of this sheet is enclosed.</p>								
<p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,124.00</u> to cover the filing / additional fee is enclosed.</p>								
<u>8/24/99</u> Date		 Signature of Applicant, Attorney or Agent of Record						
<u>Harold W. Milton, Registration No. 22,180</u> Typed or printed name								